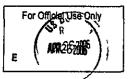
U S Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 360 9	2 Fiscal Year (overed From
	1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing	4 Name file number and address of labor organization
Name Dwayne A Lause	Name Quarry Workers Local 829 - L I U N A
	Labor Organization File Number 0/2-912
P O Box Bldg Room No If any	P.O. Box. Building and Room Number if any
Street 10 North Ninth Street	Street 380 Market Street
City Ste Genevieve	City Ste Genevieve
State Missouri ZIP Code + 4 63670	State Missouri ZIP Code + 4 63670
5 Position in labor organization , Steward 11 () 32	of the state of th
A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organizate.	
6 Name and address of Employer (including trade name if any) Name Mississippi Lime Company	Pay for monthly Labor Relations Meeting per
Trade Name if any	Collective Bargaining Agreement
PO Box Bidg Room No If any	7 b Amount.
Street 16147 Highway 61	, ,
City Ste Genevieve	\$287
State Missouri ZIP Code + 4 63670	1
Sig	nature
15 Signature and verification. The undersigned declares under penalty of submitted in this report (including the information contained in any accompany undersigned s knowledge and belief true correct, and complete. (See the s	rying documents) has been examined by the signatory and is, to the best of the ection on penaltie, in the instructions.)
Signed Lusyne O. Laure	on <u>4/14/06</u> (573) 883-2270
many many many	Date Telephone Number

Name of Person Filing Dwayne Lause	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any)	9 Business deals with	
Name		
Trade Name If any	a Labor Organization b Trust	
PO Box Bidg Room No If any	c Employer	
Street		
City		
State ZIP Code + 4		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name	Nothing to report	
Trade Name if any		
P O Box Bidg Room No If any		
Street	11 b Approximate dollar value of such dealing	
City	12 a Nature of interest held or income received	
State ZIP Code + 4	Nothing to report	
	1	
	12 b Amount	
_C Received from any employer (other than an employer covered under parts A and I3 above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.	
Name	Nothing to report	
Trade Name if any		
PO Box Bldg Room No if any		
Street		
City		
State ZIP Code + 4		
13 b is the Business an Employer or Consultant ?	14 b Amount of payment.	